



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1951

SERIAL NUMBER 10/734,730	FILING OR 371(c) DATE 12/15/2003 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. NIDN-10314
-----------------------------	--	--------------	------------------------	--------------------------------------

## APPLICANTS

Jo Klaveness, Oslo, NORWAY;  
 Pal Rongved, Oslo, NORWAY;  
 Anders Hogset, Oslo, NORWAY;  
 Helge Tolleshaug, Oslo, NORWAY;  
 Alan Cuthbertson, Oslo, NORWAY;  
 Aslak Godal, Oslo, NORWAY;  
 Lars Hoff, Oslo, NORWAY;  
 Geir Gogstad, Oslo, NORWAY;  
 Klaus Bryn, Oslo, NORWAY;  
 Anne Naevestad, Oslo, NORWAY;  
 Dagfinn Lovhaug, Oslo, NORWAY;  
 Halldis Hellebust, Oslo, NORWAY;  
 Magne Solbakken, Oslo, NORWAY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/925,715 08/10/2001 PAT 6,680,047 which is a CON of 08/959,206 10/28/1997 PAT 6,331,289

64 which claims benefit of 60/049,263 06/07/1997 \* *JKS*  
 and claims benefit of 60/049,264 06/06/1997  
 and claims benefit of 60/049,266 06/07/1997

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9622366.4 10/28/1996  
 UNITED KINGDOM 9622369.8 10/28/1996  
 UNITED KINGDOM 9702195.0 02/04/1997  
 UNITED KINGDOM 9708265.5 04/24/1997  
 UNITED KINGDOM 9711837.6 06/06/1997  
 UNITED KINGDOM 9711839.2 06/06/1997

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>JAC</i> Initials <i>JAC</i>	STATE OR COUNTRY NORWAY	SHEETS DRAWING 0	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
--	-------------------------------	------------------------	-----------------------	----------------------------

## ADDRESS

Li CAI  
 Amersham Health, Inc.  
 101 Carnegie Center  
 Princeton, NJ08540-6231

**TITLE**

Diagnostic/therapeutic agents

**FILING FEE  
RECEIVED  
1206**FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit